



## Complete Summary

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### TITLE

Chronic stable coronary artery disease (CAD): percentage of patients who were screened for diabetes.

### SOURCE(S)

American College of Cardiology, American Heart Association, Physician Consortium for Performance Improvement™. Clinical performance measures: chronic stable coronary artery disease. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 8 p. [18 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients with chronic stable coronary artery disease (CAD) who were screened for diabetes.

### RATIONALE

According to American Diabetes Association (ADA), American College of Endocrinology (ACE), and American Association of Clinical Endocrinologists (AACE) guidelines, screening for diabetes is recommended in patients who are considered high risk (e.g., coronary artery disease [CAD]).

### PRIMARY CLINICAL COMPONENT

Coronary artery disease (CAD); screening for diabetes

## DENOMINATOR DESCRIPTION

All patients with coronary artery disease (CAD) who do not have documented diabetes

## NUMERATOR DESCRIPTION

Patients from the denominator who were screened for diabetes

### Evidence Supporting the Measure

## EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [ACC/AHA 2002 guideline update for the management of patients with chronic stable angina: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines \(Committee to Update the 1999 Guidelines for the Management of Patients With Chronic Stable Angina\).](#)

### Evidence Supporting Need for the Measure

## NEED FOR THE MEASURE

Variation in quality for the performance measured

## EVIDENCE SUPPORTING NEED FOR THE MEASURE

American College of Endocrinology Consensus Statement on guidelines for glycemic control. Endocr Pract2002;8(Suppl 1):6-11.

American Diabetes Association. Clinical practice recommendations 2003. Screening for type 2 diabetes (position statement). Diabetes Care2003;26(suppl 1):21-4.

Communication from American Association of Clinical Endocrinologists. January 2003.

### State of Use of the Measure

## STATE OF USE

Pilot testing

## CURRENT USE

Internal quality improvement

### Application of Measure in its Current Use

## CARE SETTING

Ambulatory Care  
Community Health Care  
Managed Care Plans  
Physician Group Practices/Clinics  
Rural Health Care

## PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

## LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

## TARGET POPULATION AGE

Patients of all ages with the diagnosis of chronic stable coronary artery disease (CAD)

## TARGET POPULATION GENDER

Either male or female

## STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

## INCIDENCE/PREVALENCE

- Approximately 13 million Americans are living with coronary artery disease (CAD).
- More than 1 million Americans had a new or recurrent coronary attack in 2001.

## EVIDENCE FOR INCIDENCE/PREVALENCE

American Heart Association. Heart disease and stroke statistics - 2003 update. Dallas (TX): American Heart Association; 2002. 46 p.

## ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

## BURDEN OF ILLNESS

- Chronic stable coronary artery disease (CAD) is the leading cause of mortality in the United States, accounting for almost 1 in 5 deaths.
- For individuals with CAD, the risk of another heart attack, stroke, and other serious complications is substantial.

## EVIDENCE FOR BURDEN OF ILLNESS

American Heart Association. Heart disease and stroke statistics - 2003 update. Dallas (TX): American Heart Association; 2002. 46 p.

## UTILIZATION

Within the past 2 decades, the number of short-stay hospital discharges for individuals with coronary artery disease (CAD) increased by almost 18%.

## EVIDENCE FOR UTILIZATION

American Heart Association. Heart disease and stroke statistics - 2003 update. Dallas (TX): American Heart Association; 2002. 46 p.

## COSTS

The total annual cost of coronary artery disease (CAD) in the United States is approximately \$130 billion.

## EVIDENCE FOR COSTS

American Heart Association. Heart disease and stroke statistics - 2003 update. Dallas (TX): American Heart Association; 2002. 46 p.

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Living with Illness

### IOM DOMAIN

Effectiveness

## CASE FINDING

Users of care only

## DESCRIPTION OF CASE FINDING

All patients with coronary artery disease (CAD) who do not have documented diabetes

## DENOMINATOR SAMPLING FRAME

Patients associated with provider

## DENOMINATOR INCLUSIONS/EXCLUSIONS

### Inclusions

All patients with coronary artery disease (CAD) who do not have documented diabetes

### Exclusions

Patients with documented diabetes

## RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

## DENOMINATOR (INDEX) EVENT

Clinical Condition

## DENOMINATOR TIME WINDOW

Time window follows index event

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Patients from the denominator who were screened for diabetes\*

\*Screening for diabetes is usually done by fasting blood glucose or 2-hour glucose tolerance testing. Clinical recommendations indicate screening should be considered at 3-year intervals.

### Exclusions

None

## MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Medical record

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

None

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Unspecified

#### STANDARD OF COMPARISON

Internal time comparison

### Evaluation of Measure Properties

#### EXTENT OF MEASURE TESTING

Unspecified

### Identifying Information

#### ORIGINAL TITLE

Screening for diabetes.

#### MEASURE COLLECTION

[The Physician Consortium for Performance Improvement Measurement Sets](#)

#### MEASURE SET NAME

[American College of Cardiology, American Heart Association, and Physician Consortium for Performance Improvement: Chronic Stable Coronary Artery Disease Physician Performance Measurement Set](#)

#### SUBMITTER

American Medical Association on behalf of the American College of Cardiology, the American Heart Association, and the Physician Consortium for Performance Improvement

#### DEVELOPER

American College of Cardiology - Medical Specialty Society  
American Heart Association  
Physician Consortium for Performance Improvement

#### ADAPTATION

Measure was not adapted from another source.

#### RELEASE DATE

2003 Jan

#### REVISION DATE

2005 Aug

#### MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: American College of Cardiology, American Heart Association, Physician Consortium for Performance Improvement. Clinical performance measures. Chronic stable coronary artery disease. Chicago (IL): American Medical Association (AMA); 2003. 8 p.

#### SOURCE(S)

American College of Cardiology, American Heart Association, Physician Consortium for Performance Improvement™. Clinical performance measures: chronic stable

coronary artery disease. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 8 p. [18 references]

## MEASURE AVAILABILITY

The individual measure, "Screening for Diabetes," is published in the "Clinical Performance Measures: Chronic Stable Coronary Artery Disease." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement Web site: [www.physicianconsortium.org](http://www.physicianconsortium.org).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

## COMPANION DOCUMENTS

The following are available:

- Physician Consortium for Performance Improvement. Introduction to physician performance measurement sets. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2001 Oct. 21 p. This document is available from the American Medical Association (AMA) Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).
- Physician Consortium for Performance Improvement. Principles for performance measurement in health care. A consensus statement. [online]. Chicago (IL): American Medical Association (AMA), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); [3 p]. This document is available from the AMA Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).
- Physician Consortium for Performance Improvement. Desirable attributes of performance measures. A consensus statement. [online]. American Medical Association (AMA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); 1999 Apr 19 [cited 2002 Jun 19]. [5 p]. This document is available from the AMA Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

## NQMC STATUS

This NQMC summary was completed by ECRI on September 26, 2003. The information was verified by the measure developer on January 28, 2004. This NQMC summary was updated by ECRI on September 28, 2005.

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